

					_									
	in this information to identify your o													
De	otor 1 Anthony Re	aley												
	btor 2 buse, if filing)													
Uni	ited States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	4										
Ca	se number 23-13668				(Check if this is:								
(If k	nown)				1	An amende	•							
								ng postpetition following date:	chapter					
0	fficial Form 106I					MM / DD/ YYYY								
S	chedule I: Your Inc	ome							12/15					
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	ır spouse is not filing w	ith you, do not inclu	de infori	nation a	bout your spo	use. If n	nore space is r	needed,					
1.	Fill in your employment information.				Debtor 1				Debtor 2 or non-filing spouse					
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed			■ Emplo	■ Employed							
		Employment status	☐ Not employed	☐ Not er	☐ Not employed									
	employers.	Occupation	Self-employed			Songwi	Songwriter (part-time)							
	Include part-time, seasonal, or self-employed work.	Employer's name	Legacy Builders	s Const	ruction	_								
	Occupation may include student or homemaker, if it applies.	Employer's address												
		How long employed t	there?											
Pai	rt 2: Give Details About Mo	nthly Income												
spoi	mate monthly income as of the duse unless you are separated.	ore than one employer, c						-	_					
mor	e space, attach a separate sheet to	this form.												
					Fo	r Debtor 1		ebtor 2 or ling spouse						
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	335.00						
3.	Estimate and list monthly over		3.	+\$	0.00	+\$	0.00							
4. Calculate gross Income. Add line 2 + line 3.				4.	\$	0.00	\$	335.00						

Official Form 106l Schedule I: Your Income page 1

Debt	or 1	Anthony Redley		(Case n	umber (if kn	own)	23	-13668		
					For I	Debtor 1			or Debtor		
	Cop	by line 4 here	4.		\$	0	.00	\$		335.00)
5.	Liet	all payroll deductions:									
J.	5a.	Tax, Medicare, and Social Security deductions	5a	ı	\$	0	.00	\$		0.00	`
	5b.	Mandatory contributions for retirement plans	5b		\$.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c		\$.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d		\$.00	\$		0.00	
	5e.	Insurance	5e		\$.00	\$		0.00	_
	5f.	Domestic support obligations	5f.		\$.00	\$		0.00	
	5g.	Union dues	5g	١.	\$	0	.00	\$		0.00)
	5h.	Other deductions. Specify:	5h	1.+	\$	0	.00	+ \$		0.00)
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	0	.00	\$		0.00)
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0	.00	\$		335.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	ι.	\$	7,200	.00	\$		0.00)
	8b.	Interest and dividends	8b).	\$	0	.00	\$		0.00)
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	; .	\$	0	.00	\$		0.00	l
	8d.	Unemployment compensation	8d	l.	\$	0	.00	\$		0.00	
	8e.	Social Security	8e	: .	\$	0	.00	\$		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0	.00	\$		0.00	
	8g.	Pension or retirement income	8g	J.	\$	0	.00	\$		0.00	
	8h.	Other monthly income. Specify:	8h	1.+	\$	0	.00	+ \$		0.00	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	\$	7,200	.00	\$		0.0	0
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	7	,200.00	+ \$		335.00	= \$	7,535.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-							.,
11.	Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depe						n <i>Schedul</i> e	e J. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certaillies								\$	7,535.00
										Combi	
13.	Do	you expect an increase or decrease within the year after you file this form	?							month	ly income
		No. Yes. Explain:									